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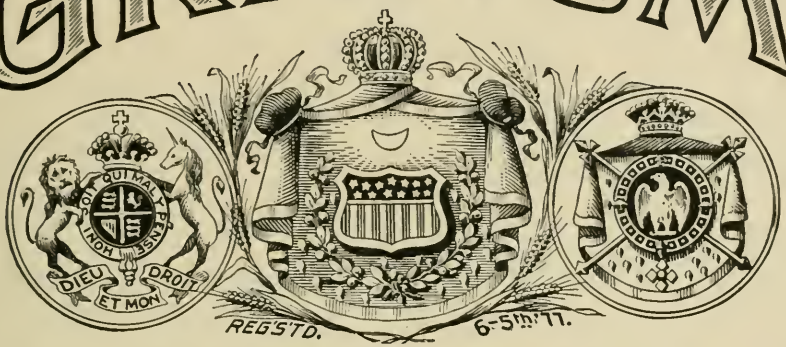

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PEDIATRICS

Vol. I. MAY 1st, 1896. No. 9.

Original Articles.

RESULTS OF THYREOID TREATMENT IN SPORADIC CRETINISM.

By FREDERICK PETERSON, M. D.,

Chief of Clinic, Nervous Department, Vanderbilt Clinic, College of Physicians and Surgeons; formerly Neurologist to the Randall's Island Idiot Asylum, New York;

and

PEARCE BAILEY, M. D.,

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CRETINISM or myxœdematous idiocy, since the recognition of its dependence upon non-development of or degenerative changes in the thyreoid gland, has been the subject of considerable experimental treatment with thyreoid preparations by physicians of different countries, chiefly, however, in England and America. We have not been able to find published accounts of the effects of thyreoid treatment in endemic cretinism, and the cases we have collected belong to the class known as sporadic cretinism, of which not a few examples are found in every country. There are rare cases in which the want of development or disease of the thyreoid gland during intra-uterine life is manifested to such an extent that the infants are typically myxœdematous at birth, and are either still-born or survive but a few days. More common are cases in which, while the disorder has its inception previous to birth, the progress is slow, and the child lives for some months or for several years. But the usual history of cases of sporadic cretinism is that of a normal condition for the first few years of life until

about the fourth or fifth year. At this time, in the majority of cases, disease of the thyreoid gland developes and induces either slowly or rapidly, according to the degree of alteration in the gland, the mental and physical changes peculiar to the myxœdema of childhood. These changes differ from those of myxœdema in the adult because of the effects of the disorder upon the organism during its period of development. Common to both phases of myxœdema are the general effects upon nutrition, the general œdema, the thin hair, decaying teeth, anæmia, lowered bodily temperature and intellectual impair-

FIG. 1. Cretin, aged 18 months. Before Treatment.

ment. But in the myxœdema of childhood, the stunting of growth in all directions, bodily and mental, is extraordinarily marked.

A sporadic cretin once seen is ever after easily recognized by the physician. His dwarfish stature, thick limbs, short neck, lordosis, prominent abdomen, flattened and retroussé nose, thick lips, large thick tongue, open mouth, absent or imperfect teeth, face devoid of expression, coarse skin, scanty and generally reddish brown hair, anæmia, supraclavicular swellings, and frequent umbilical hernia, form a picture too distinct to be effaced from the mind. The child

suffers from cold, and the temperature is found to be subnormal. On examination the thyreoid gland may be absent, or may be smaller than normal, or present a goitrous enlargement.

The authors have had seven cases under observation since the thyreoid treatment came into use. Four of these were observed at the Vanderbilt Clinic in the service of Prof. Starr and three at the Randall's Island Hospital for Idiots. The condition is, therefore, somewhat rare. One of the children at the Vanderbilt Clinic was a case of a sporadic cretinism in a negro. Of those studied at

FIG. 2. Six weeks after thyreoid treatment was begun.

the Clinic, two were much improved by treatment, one disappeared from sight before treatment was begun, and one we can report as probably cured. This case we describe in detail as follows:

M. P., male child, aged 18 months, born in the United States of Hungarian Hebrew parents, was brought to the Clinic June 25th, 1895. He was the 5th of five children, the other four being normal in every respect. His hair was reddish brown and thin. He had no teeth. The lips were thick, eyelids and face heavy and puffed. There was slight swelling of the supraclavicular region. The

thyreoid gland was distinguishable, but small and hard. The testicles and scrotum were long. There was umbilical hernia. It was very small for its age. Temperature 97.2° Fahr. at time of examination. Absolutely unable to sit up, stand, walk or turn over. Paid no attention to anything going on about it. Had been taught the words "papa" and "mamma," but had no knowledge of their application That was the extent of his vocabulary. The cretinous

FIG. 3. Seven months after thyreoid treatment was begun.

condition was perfectly distinct, though it had evidently not progressed far. The child had not been treated for its condition. The child was photographed and then put upon one grain of the dried and powdered thyreoid gland of sheep daily, which it has continued to take up to the present time (April, 1896). The second photograph was taken August 14, 1895, about six weeks after beginning

FIG. 4. Cretin, aged 15 years; and normal brother of cretin, aged 4 years. Photograph to illustrate dwarfing of stature in cretinism.

treatment. As is readily seen in the pictures, there was a marked change for the better. The child had become thinner in every respect, had begun to grow; the pendency of the scrotum was less marked; the umbilical hernia had disappeared; the hair had become thicker; two teeth had been cut. The child could sit up on the floor, and had begun to play and laugh with the other children, to understand everything said to it, and to take notice of everything going on about it. Its vocabulary had increased several words. During the past winter the child has had the measles, but has continued its remarkable improvement. The third photograph, taken Jan. 26, 1896, shows a child very intelligent and robust for its age (two years), and in respect to bodily growth, development of teeth and hair, use of language, play, etc., etc., it must now be considered as in every respect a normal child. It is proper to call the case cured, though the thyreoid extract will, no doubt, need to be continued indefinitely.

Our second case observed in the Randall's Island Hospital was a female, aged 15 years, a typical cretin in all respects. The photograph (Fig. 4) shows her dwarfed stature as she stands beside her brother, aged 4 years. Her temperature, taken daily for two weeks previous to treatment, averaged 97° Fahr. She was always cold and kept close to the stove. Her teeth were decayed, her hair thin and red. She paid little attention to her surroundings, and her vocabulary consisted of but two or three words. Treatment was begun with five grains of the dried gland, which proved too much, and it was reduced to one grain daily. Improvement was noticeable in a few days. In the course of three months she grew thinner, gained two inches in height, cut several new teeth, her hair became more abundant, she assumed an intelligent expression, noticed everything about her, played with a doll, and had increased her vocabulary to twenty-seven words. At this time treatment ceased because of changes among internes and attending physicians.

Another cretin in the Idiot Hospital on Randall's Island was so old that he was not treated systematically. The typical cretinous aspect is seen in his photograph (Fig. 5). He is a dwarf, and his age is supposed to be between sixty and eighty somewhere, as he is said to have been a Bowery newsboy forty years ago. He has thin red hair, very few teeth, is now much demented, as he barely responds to his name, and asked his age, says, "nine years." His temperature is subnormal, and he constantly hovers about the stove. Two weeks of thyreoid treatment made no perceptible impression except to improve the temperature and circulation. The age of the

FIG 5. Cretin, aged between 60 and 80 years.

patient would imply a very slow change in the thyreoid gland. The gland is still perceptible though very small.

The cases we have seen illustrate very well the different degrees of cretinism that may be met with. The myxœdematous symptoms, depending as they do directly upon the diminution in the amount of thyreoid secretion, vary from manifestations just perceptible to the experienced eye to symptoms of the most pronounced character. It is no doubt true that there are cases which we may denominate rudimentary cretinism, in which the thyreoid secretion is diminished to so slight a degree that the real condition of some apathetic or feeble-minded and illy nourished child is not recognized. We believe that physicians should be on the lookout for such cases.

We append here a table of all cases of cretinism treated by thyreoid extract that we have been able to find :

TABLE OF PUBLISHED CASES OF CRETINISM TREATED BY THYREOID ADMINISTRATION.

AUTHOR AND REFERENCE.	SEX.	AGE AT BEGINNING OF TREATMENT.	DURATION OF DISEASE.	SYMPTOMS.	DURATION OF TREATMENT.	CHARACTER OF TREATMENT.	RESULTS.
Robin. Lyon Med., 1892. LXX., p. 405.	F.	7 yrs.	Congenital	Characteristic. Unable to walk or talk.	Not stated.	Extract, followed by implantation.	Complete change in appearance. Walks.
Carmichael.* Lancet, 1893. I., p. 580.	F.	8½ yrs.	Congenital ?	Characteristic appearance. Intelligence limited. Unable to walk or talk.	9 mos.	Hyp. inject. of extract and feeding of raw gland.	Skin became normal. Learned to walk and run. Intelligence improved.
Evans. Br. Med. Jour. 1893. I., p. 767.	M.	8 yrs.	Not stated.	Not stated.	6 weeks.	One lobe of sheep's thyreoid twice a week.	No improvement.
Hellier.* Lancet, 1893. II., p. 1117.	F.	2⅓ yrs.	1-2 yrs ?	Characteristic appearance. Unable to walk or talk. Idiotic.	4½ mos.	Extract.	Oedematous symptoms gone. More intelligent. Cannot walk or talk.
Lunn, Br. Med. Jour. 1893. p. 1273.	F.	26 yrs.	Not stated.	Idiotic. No other details.	Not stated.	Not stated.	Became relatively intelligent and menstruation was resumed.
Ord.* Lancet, 1893. II., p. 1113.	F.	6½ yrs.	Congenital ?	Characteristic appearance. Could not walk or talk.	8 mos.?	Had been grafted previously with temporary benefit. Raw gland & extract.	Great improvement. Learned to walk in three months. Can talk.
Ibid.*	M.	3 yrs.	Congenital ?	Could not talk. Always dwarfed and bow legged Skin dry.	8 mos.?	Raw gland, dried gland and extract.	Marked. Learned to talk. Growing rapidly.
Ibid.	M.	9 mos.	Not stated.	Typical.	———	———	Improved rapidly, but died of intercurrent diphtheria.

* Indicates that the original papers are accompanied with photographs.

Author and Reference.	Sex.	Age at beginning of Treatment.	Duration of Disease.	Symptoms.	Duration of Treatment.	Character of Treatment.	Results.
Ibid.*	M.	9½ yrs.	In infancy.	Characteristic physically, but intelligent. Height, 34 in. Could walk.	8 mos.?	Compressed extract.	Grew 1½ inches in four months. Improvement in other respects not so marked.
Owen. Br. Med. Jour. 1893. p. 1273.	F.	26 yrs.	In infancy	Characteristic. 40¼ inches high.	——	Tabloids.	Improvement.
Patterson. Lancet, 1893. II., p. 1116.	M.	19 mos.	12 mos?	Characteristic.	8 mos.	Extract.	Oedematous symptoms gone. Can stand. Learning to talk. Has sixteen teeth.
Vermehren. Deut. Med. Woch., 1893. p. 256.	F.	29 yrs.	24 yrs.	Characteristic.	3 weeks.	Thyreodin.	Marked improvement.
Wood. Aust. Med. J., 1893. p. 166.	F.	1 yr. 11 mos.	——	——	1 mo.	Had been grafted. Raw gland.	One month's feeding without benefit.
Rehn. Ver der XII. Cong., 1893. p. 224.	F.	4½ yrs.	Not stated.	Characteristic.	2 mos.	Extract.	Marked improvement.
Ibid.	F.	6½ yrs.	Not stated.	Characteristic.	2 mos.	Extract.	Marked improvement.
Anson. Lancet, 1894. I., p. 1063.	F.	10 yrs.	Congenital	Characteristic appearance. Could walk clumsily. Mental process slow	1 yr.	Raw gland and glycerine extract.	Oedematous symptoms gone. Intelligence improved. Grew 4 in. (For 3 yrs. previously had grown only 2 inches.)
Bramwell.* Br. Med. Jour. 1894. I., p. 6.	F.	16½ yrs.	Not stated.	Typical. Idiotic. 29½ inches high	6 mos.	Extract and tabloids.	Oedematous symptoms disappeared. More intelligent. Grew 6½ inches.
Comby. Med. Infant., 1894. I., p. 573.	F.	2 yrs.	6 mos.	Characteristic appearance. Cannot walk or talk.	15 days	Raw gland.	Improvement.
Crary.* Am. Journal Med. Science, 1894. p. 529.	F.	5 yrs.	3 mos.	Characteristic appearance. Dwarfed, iordosis, impaired intelligence.	2½ mos.	Extract.	Great improvement mentally and physically.
Garrod.† Br. Med. Jour. 1894. II., p. 1112.	F.	8½ yrs.	Not stated.	Characteristic.	1½ yrs.	Not stated.	Lost cretinoid appearance. Grew 5 inches.
Lendon. Aust. M. Gaz., 1894. p. 134.	F.	12 yrs.	Not stated.	32 in. in height. 25 lbs. in weight. Loss of sphincter control.	17 days	Hypoder. inject. of extract.	Improvement—then fever, bronchitis and death.
Ibid.	F.	18 yrs.	Not stated.	Height, 3 ft. 3¾ in. 2¾ in. only growth in 6 yrs.	9 mos.	Not stated.	Grew 4⅜ inches.
Northrup. N. Y. Med. J., 1894. 60, p. 505.	F.	9 yrs.	8 yrs.	Characteristic. Idiotic.	80 days	Extract.	Much improved.
Ibid.	Not stated.	12 yrs.	Not stated.	Characteristic.	Not stated.	Not stated.	Results not marked.

* Indicates that the original papers are accompanied with photographs.

Author and Reference	Sex.	Age at beginning of Treatment.	Duration of Disease.	Symptoms.	Duration of Treatment.	Character of Treatment.	Results.
Osler. N. Y. Med. J., 1894. 60, p. 505.	M.	3 yrs.	Not stated.	Characteristic. Could not walk or talk.	14 mos.	———	Oedematous symptoms all disappeared. Walks and talks. Grew 4 inches.
Ibid.	M.	19 yrs.	Not stated.	Not stated.	———	Treatment not systematically carried out.	No material gain.
Railton.* Br. Med. Jour. 1894. I., p. 1180.	M.	14 yrs.	Not stated.	Characteristic. Idiotic. 33 inches high.	11 mos.	Raw gland and tabloids.	Oedematous symptoms disappeared. Cannot talk well. Grew 3 inches.
Smith.* Br. Med. Jour. 1894. I., p. 1178.	M.	9 yrs.	7 yrs.	Not a severe case.	9 mos.	Raw gland and tabloids.	Improvement.
Thomson.* Edin. Med. J., 1894. Feb'y. p. 720.	M.	18 yrs.	16 yrs.	Characteristic. Mind that of a child of 3 years. 33½ inches high. Waddling gait	12 mos.	Raw gland.	Some toxic symptoms. Skin grew softer and mind became brighter. Grew 4¾ in. Most improvement at first.
Escherich. Wien. Med. Woch., 1895. p. 350.	F.	6½ yrs.	4½ yrs?	Myxoedematous symptoms not marked. "A backward child."	6 mos.	Raw gland of calf.	Grew 13 centimeters.
Lebreton. Gaz. Med. de Paris, 1895. No. 1, p. 8.	M.	13 yrs.	12 yrs.	Characteristic. Idiotic.	Not stated.	Raw gland, slightly browned.	Dentition appeared. Growth resumed. Nothing said of intelligence.
No. 3, p. 31.	M.	3 yrs.	1 yr.	Characteristic.	1 yr.	Dried gland.	Improved.
Sinkler.* Int. Med. Mag. 1894-5. III., p. 785.	F.	4 yrs.	3½ yrs.	Characteristic. Unable to walk, talk or understand. 30 2-8 in. high.	3 mos.	Extract.	Oedematous symptoms mostly disappeared. Became more intelligent and began to talk. Grew 2¼ in.
West.* Arch. of Paed. 1895. p. 348.	F.	17 mos.	Congenital	Stupid. 23¼ in. high. Weight, 11½ lbs. No teeth.	6 mos.	Dessicated extract. Glycerine extract.	Oedematous symptoms disappeared. Intelligent. Eight teeth. Grew 4 inches.
Fruitnight. Arch. of Paed. 1896. p. 143.	M.	4 yrs.	3 yrs.	Cannot walk or talk. Weight, 16½ lbs. Height, 25 in.	1 mo.	Dried gland.	Grew thinner and more intelligent.
Noyes.* N. Y. Med. J., 1896. 68, p. 334.	F.	2 yrs.	1 5-6 yrs.	Characteristic. Length, 24 in.	4½ mos.	Tablets.	Oedematous symptoms gone. Intelligence improves. Begun to creep. Grew 8 inches.
Parker.* Br. Med. Jour. 1896. I., p. 333.	F.	6½ yrs.	Congenital ?	Typical.	12 mos.	Tabloids.	Oedematous symptoms disappeared. Learned to walk. Did not learn to talk.
Peterson.* (Present article.)	M.	18 mos.	?	See this article.	Now 10 mos.	One grain extract daily.	Probably cured. (See report in this article.)
Peterson.* (Present article.)	F.	15 yrs.	?	See this article.	3 mos.	One grain extract daily.	Great improvement. (See report in this article.)
Vinke.* Med. News, 1896. 68, p. 309.	M.	6 yrs.	Congenital	Characteristic appearance. Can walk and talk a little.	5 mos.	Tablets.	Marked improvement in all symptoms.

* Indicates that the original papers are accompanied with photographs.

† Same author reports two other cases not so much improved.

The above table contains most, if not all, of the cases of sporadic cretinism, treated with thyreoid, which have been reported with sufficient detail to render them valuable for statistical purposes. From this summary it appears that under thyreoid treatment the symptoms of myxœdema disappear from the child quite as readily as from the adult. In none of the cases quoted did the general œdematous symptoms fail to yield to the remedy, when it was properly and sufficiently applied. The skin became soft, the swellings disappeared and the whole appearance of the patient was completely changed.

The carrying out of the treatment of myxœdema is attended with fewer difficulties and dangers in children than in adults. Toxic symptoms have been observed in a few cases only, and but two have died under treatment. Of these one died of intercurrent diphtheria and one of bronchitis ; in neither of these two cases was the treatment regarded as a causative factor of the fatal symptoms.

In addition to the disappearance of the symptoms from the skin and subcutaneous tissues the treatment of sporadic cretinism has in some cases met with brilliant results by permitting a return of development and growth to children in whom these functions had been limited or arrested by the disease. But although marked changes in the mental and physical condition of cretins have occurred, it yet remains to be reported that these cases become the physical and intellectual equals of children who have never had myxœdema.

Improvement consequent upon a return of development has been more constant in the body than in the brain. A large number of the reported cases have grown considerably taller and have acquired sufficient power and control of the limbs to enable them to walk, which had previously been impossible. The teeth, which have been absent or defective, begin to appear normally.

Intellectual progress has been neither so constant nor so rapid. In nearly all the cases there has been noted some mental improvement, but in only a few has the power of speech been acquired when it previously had been absent.

The occurrence, in the formative period of infancy and childhood, of a disease which attacks fundamentally nutrition, development and growth, has much more disastrous effects than when its appearance is delayed until the organism has reached maturity.

And while it is possible that the removal of causes inhibitory to growth may result in a gradual return of developmental processes, the thyreoid treatment of infantile myxœdema has in no case been

carried out for a sufficient length of time to permit the assertion that such will be the case. We have been able to find no case in which treatment is reported to have lasted more than a year and one-half, and of no case is it said that the patient was, in all respects, cured. But from the fact that in nearly all of the cases treatment was not instituted until the child was several years of age and had developed but little or not at all for a considerable length of time, several years would be necessary, by the natural processes of development, for the complete re-establishment of normal growth.

Although data sufficient to justify positive assertions are lacking it seems entirely in the range of possibility that if the treatment of sporadic cretinism were begun at the outset of the disease, before growth was seriously interfered with, it would permit the proper development of the child, without myxœdematous symptoms, as long as the thyreoid was administered.

These questions must find their solution in the future when the thyreoid treatment will have been used for a time sufficiently long to justify conclusions as to the extent and permanency of its value.

FACIAL HERPES SECONDARY TO TOOTH-ACHE.

By George Carpenter, M. D.,
London.

IN the June 1, 1892, number of the *British Journal of Dental Science*, pp. 481 to 486 (copied subsequently verbatim into L'Odontologie, pp. 457 to 460), I called attention to the not infrequent association of facial herpes with tooth-ache, and pointed out its alliance with zoster, an undoubted nervous affection, in that it was due to irritation of the trifacial nerve, but here induced possibly reflexly, and not directly by interstitial neuritis of the sensory ganglion or some part of the course of the nerve, as in zoster. The not infrequent accompaniment of herpes facialis with pneumonia, bronchitis, various throat affections, or an ordinary "cold," or apart from any known association, so far has not been able to be explained by direct or indirect irritation of the fifth nerve, and this variety of herpes has been divorced from zona and pitchforked into the erythematous group, owing to the fact that it is symptomatic of some "internal" disturbance, is usually induced by "irritation" of a mucous membrane, and frequently recurs. The facial herpes about which I am now writing cannot be so grouped, and, in my opinion, is allied to zoster, and not to the erythemata. Since writing the above paper I have over and over again convinced

myself of the truth of the original observation. The other evening I was pleased to receive unsought corroboration of the views expressed above. A friend and colleague showed me a small patch of herpes on his lower lip, and asked me if I knew what was the matter with him. I replied, perhaps rather rashly, you have tooth-ache. Astonished by this rapid diagnosis, he quickly said, "How did you know this?" and on my informing him of the results of my own studies on this subject, he told me that he thought he had made a fresh observation, and volunteered the following account of his troubles, which I now relate as independent testimony, and with the additional value of having come from the personal observations of a very careful and distinguished observer:

"I had a second lower molar, which had been stopped, and which had for some time been affected with chronic periodontitis. From November, 1895, to the end of January, 1896, three attacks of herpes occurred on the same side, the eruption being on the lower lip, the roof of the mouth, and on one occasion the upper lip was attacked. At each outbreak of the eruption the tooth became painfully tender. On extraction, it was found to have a small chronic abscess sac at the apex of one of the fangs. I had never previously suffered from herpes, and, apart from this, was in good health. I had no doubt that the herpes was due to dental irritation, and had the tooth extracted on that account."

I hope I may be excused from again narrating this, but my friend's experiences have proved too strong a temptation for me to refrain from referring to this connection once again; it also gives me the opportunity of relating my fresh experiences and that of calling attention in a *medical* journal to a not unimportant diagnostic sign of tooth-ache in children. It will, I hope, prevent facial herpes in the young being banished in an off-hand way, as only a "cold," and render an examination of the teeth necessary before passing this comfortable verdict.

Children suffering from tooth-ache do not always complain of their teeth, and this fact makes it additionally important that the presence of facial herpes should be looked upon as possibly due to dental worry and its causation determined, if possible.

Slobbering.—Dr. Sanchez de Silvera (*Lo Sperimentale*) asserts that healthy infants never dribble. The later condition is due either to disorders of the digestive apparatus or to obstruction of nasal respiration, but is altogether unconnected with dentition.—*Med. Rec., 1896, xlix, 467.*

THE STRUMOUS OR SCROFULOUS DIATHESIS.*

By JOHN A. LARRABEE, M. D.,
Professor of Obstetrics and Diseases of Children in the Hospital College of Medicine, etc., Louisville, Ky.

THIS little girl, aged eleven years, has several enlarged cervical glands on both sides of the neck. There are two other children in the family, both apparently in good health. These enlargements are usually called strumous or scrofulous glands. The history in this case points distinctly to scrofula, which raises an important question and a somewhat undecided point as to the identity of scrofulous glands and tuberculous glands.

Tuberculosis of lymphatic glands is a disease that we are all familiar with ; tuberculosis is a process affecting the glandular system, as the bronchial glands for instance, and we may have infection of the cervical glands, requiring surgical interference ; scraping out of the tuberculous tissues is something you have all seen done here in our clinic. There should be in such cases a thorough elimination of the contents of the gland, with destruction of the gland itself.

Now, those who deny such a possibility as a scrofulous diathesis, will have to explain a great many things in regard to tuberculous glands. We recognize a strumous independent of a tuberculous condition ; we recognize that tuberculosis is due and dependent entirely upon the tubercle bacillus.

Independent of that we have a disease known as scrofula, which, in my judgment, is a degenerated syphilis, *i. e.*, a disease which is more than likely developed in the offspring of people who have had tertiary syphilis. Now, we recognize a diathesis called scrofulous in two classes of patients. Those with light blonde flaxen hair, with thin skin, very light complexion, and especially where the features are thickened, or "dished," the face having a dished expression, nose blunt, lips pouted and full, cheeks full, and all parts of the body seem to be in a blunted condition. If we look at the skin closely we will find it covered with fine silken hairs. This is a strong and pronounced indication of the strumous condition. On the other hand, we have the black hair and dark complexion, which is also strumous. The middle ground should be taken if we are to select people as we would a horse, and the law holds good as regards a light and dark horse as it does in the human family between light and dark complexions. If you want a strong horse, and one em-

* Clinical Lecture Delivered at the Hospital College of Medicine.

bracing all the known good qualities, you will take a chestnut bay, the medium of all colors.

The difference between scrofulous glandular enlargements and tuberculosis of the glands is easily seen. The children with scrofula have a characteristic flat, blunt nose, and peculiar cheeks. These children, however, outlive this condition, and all traces disappear, but you must get rid of every part of a tuberculous process in order to effect a cure. Scrofulous glands sometimes ulcerate and discharge cheesy matter, afterwards healing from the bottom and getting well, but a tuberculous gland never does this.

This child is typically strumous. All the glands are enlarged. Scrofula is a diathesis born of debility, attended by an increase of normal tissue out of place. Scrofula builds up not foreign tissue, but normal interstitial tissue, at the expense of better tissue. It builds up the cheeks, builds up the lungs, builds up the muscles and makes the child appear plump and firm. While it is doing this, it thickens all parts of the body, including the internal organs ; it thickens the intercellular structure of the liver ; thickens the packing tissue of the brain ; crowds out the better matter by increasing the growth of the packing tissue. What I choose to call packing tissue is sometimes called cellular tissue, or interstitial tissue. To illustrate : If you were going to send a lot of bottles anywhere, you would put them in a box and pack sawdust or other soft material around them, and the more packing you put in the better it would be for the bottles. Now, you increase that packing tissue to a great extent, and you will crowd out the bottles entirely. Scrofula is simply an indication of an increased growth out of place. So that you may expect scrofulous children to have evidences of this. All through the strumous diathesis runs this tendency to enlarged lymphatic glands.

The treatment of scrofula should not be directed solely to the treatment of these individual glands, but to the diathesis of which they are the result. The best means are found in Nature—pure air, exercise, a diet of wholesome food, and perfect hygienic surroundings ; these are the fundamental medicines to be used in the treatment of scrofula, without which others are practically valueless. The addition of iodide of iron to stimulate the glandular system and to build up the blood corpuscles is useful.

Another valuable aid is the iodo-bromide of calcium.

In treating scrofula do not paint the gland with iodine ; do not wash it with walnut leaves ; this is not sufficient ; treat the diathesis ; give the child wholesome diet, proper hygienic surroundings

and iodo-bromide of calcium. Keep up these measures for a year or two, and in most cases the child will be cured, so far as the scrofula is concerned.

This patient, male, æt. three and one-half years, is brought to us this afternoon for the first time. Six months ago he received an injury to the knee, and has complained of pain in the knee joint ever since. Later he received a second injury, and from that time pain has been constant, referred always to the knee joint. He has the typical position of hip joint disease, but has never complained of the slightest pain in the hip. The question naturally arises here, as in the other case, how much does the diathesis of this child play in the production of this trouble, and how much the local injury. The pain is different from that which would be produced by a scrofulous condition of the knee joint. In scrofulous ulceration, pain is more violent and severe in those cases in which there is a local injury.

Now this child has severe pain, which is unmistakably shown by the expression of pain and fear.

On examining the child, at first sight the limb on the affected side seems longer, and the gluteal crease is entirely obliterated, which is an important diagnostic point. The apparent lengthening of this limb is nature's effort to get the ulcerated surfaces apart. This child is still in the first stage of the disease. The next stage is an apparent shortening, and finally the ulcerative process extends to the base of the limiting capsule, and it is broken. Then we have shortening and an inversion of the foot.

In examining these cases, always place the child flat upon the table, and you will observe, on drawing a line from one anterior superior spinous process to the other, and at right angles to it, beginning at the manubrium sterni, that the lengthening is not real, but due to the sagging of the pelvis on the affected side.

An interesting feature about these cases is that pain is more severe at night, and more or less absent during the day. We have seen that all pains of a syphilitic character are intensified at night ; but that will not explain the pain in this case. Here it is produced by a relaxation of the muscles, which allows the bone to come in contact with the ulcerated surface. During the day these muscles protect the joint, keeping the ulcerated spots apart.

Our treatment should be extension of the leg, to keep the inflamed surfaces of the joint separated. Put on a perineal strap and extension brace, so that the joint surfaces do not touch under any circumstances, and so that walking will not allow the head of the

femur to go into the acetabulum deep enough to strike the inflamed spot.

The next stage will be destruction of the bone and the formation of abscesses. It is a case of hip joint disease with a scrofulous diathesis, and even now, if put under proper treatment, a cure can be effected.

CONGENITAL MEDIAN FISSURE OF THE NOSE.

By John Poland, F. R. C. S.,

Surgeon to the Miller Hospital, Greenwich, and to the City Orthopædic Hospital, London.

THE illustration represents an exceedingly rare form of congenital malformation of the nose. The patient was shown on October the 14th, 1894, at the first meeting of the West Kent Medico-Chirurgical Society. The late Mr. Arthur Durham, who on this occasion delivered the Purvis oration, his last public lecture, kindly saw the child and told Mr. Poland that he had not met with the condition before.

Mr. Rushton Parker, however, in Heath's Dictionary of Surgery, mentions a case he had seen under the care of Mr. Puzey. A male child had a peculiarly broad, flattened and grooved nose, owing to improper apposition of the nasal bones and septum, the effect of which was a deep median furrow, on the sides and floor of which the skin was stretched continuously, making manifest the character of the defect. Operative treatment very much reduced the deformity.

The present instance occurred in a girl aged nine months, and in it, also, the fissure was clearly due to the want of union of the lateral nasal and septal parts. The nasal bones were thereby considerably separated, producing the remarkably broad and flattened appearance of the nose. The small, irregular ridge of skin seen within the fissure extended downwards somewhat obliquely from the left margin of the groove, so it was probably a portion of the mid-frontal process. The fissure was lined throughout with skin, so that no opening existed into the nasal fossæ. It was three-quarters of an inch deep at the lower part and five-eighths of an inch deep at the upper part, while between the median ridge and the left margin it was not more than one-eighth of an inch deep. The width at the upper part was three-eighths of an inch. The anterior nostrils were perfect, with the exception of slight stretching transversely.

The skin at the inner canthus of each eye had the appearance of a flat fold, which completely obscured the caruncles.

A plastic operation and removal of the small median ridge greatly improved the appearance of the nose, and the caruncles were afterwards clearly visible.

CONGENITAL MEDIAN FISSURE OF THE NOSE.

A DESCRIPTION OF PLEURISY, WITH REMARKS ON PERICARDITIS.

Taken from "Evanson and Maunsell's Practical Treatise on the Management of the Diseases of Children." Published in Dublin 50 years ago.

PLEURITIS (p. 319) is occasionally discovered upon the post-mortem examination, but there are no diagnostic marks which distinguish it from other inflammations of the chest during life—" the integrity of the cry," mentioned by M. Billard, being altogether insufficient for diagnosis. This is of the less consequence, however, as the treatment must be similar to that of any other inflammatory affection of the chest. There does not appear to be much tendency to pleuritis in the young subject, as we do not meet with traces of it in their bodies nearly so often as in those of adults.

We may mention here that Pericarditis may be shown by morbid appearances to have existed in young children ; but as the discovery of it during life, in such patients, can in the present state of our knowledge be only a guess,* and as its treatment must be identical with that of the inflammations we have been just considering, it would be out of place to notice it at greater length.

* A case remarkably corroborative of this statement was related, by Professor Benson, to the Surgical Society of Ireland, during its present session. A child, five months old, died after an illness of eight days, during which period it was treated by three medical men of experience. The illness was chiefly indicated by screaming. On examination, after death, a large quantity of fluid was found within the pericardium ; the surface of which and of the heart were coated with a thick layer of lymph ; the walls of the ventricle, when divided, presented an unusual thickness ; where the lung lay in contact with the diaphragm there was some lymphy exudation, but there was no pneumonia. See *Medical Press*, vol. 3, page 28. (Note to Third Edition.)

Sanitary Progress and the Death Rate.—Nearly forty years ago MACAULAY (" *History*," *vol. i, p. 383*) wrote : " At present only one inhabitant of London in forty dies annually. The difference between the London of the nineteenth century and the London of the seventeenth century is very far greater than the difference between London in an ordinary year and London in a year of cholera." It illustrates very vividly the advance of sanitary science since Macaulay, that the death rate, which he esteems so small, has after his death been decreased nearly one-half—a decrease greater than that observed by him to have resulted from two centuries of sanitary progress. London now claims to be the healthiest of the large cities, the death rate being only 16.3 per 1,000 persons. The death rates in other large cities are : Berlin, 18.2 ; Paris, 20.5 ; Vienna, 22.5 ; New York, 19.6.—*Practitioner, 1896, lvi, 335.*

PRACTICAL NOTES.

Thirst and Great Dryness of the Mouth in sickness is often relieved by a teaspoonful of powdered gum arabic, beaten thoroughly with a couple of teaspoonfuls of glycerine, to which is added a glass of cold water and enough lemon juice to make the mixture palatable. The mixture may be taken freely, with great relief to the dryness of the mouth and thirst.—*Meyer Bros.' Druggist, 1896, xvii, 137.*

For Inflamed Gums.—

I.

Sodium salicylate,	ʒ ij
Distilled water,	ʒ x

II.

Borax,	ʒ iss
Sodium salicylate,	ʒ iiss
Tincture of myrrh,	ʒ ij
Syrup of mulberry,	ʒ viiss
Distilled water,	ʒ viiss

III.

Potassium chlorate,	ʒ j
Cherry laurel water,	ʒ iiss
Syrup of marshmallow,	ʒ iv
Decoction of poppy,	ʒ xxxiii

IV.

Borax,	ʒ j
Sodium bicarbonate,	ʒ ij
Distilled water,	ʒ l

Either paint the gums or rinse the mouth, as preferred.—*Rev. Int. de Med.,—Am. Drug., 1896, xxviii, 154.*

Hot Steam has been employed by Liberson in chronic eczema with good results. It aids in the absorption of superficial and deep infiltrations, diminishes or arrests purulent secretions, removes crusts, checks oozing and provokes a regeneration of healthy tissues. The duration of the *séance* is from a quarter to a half hour.

In obstinate cases it has given good results.—*La Med. Mod.*,—*Med. Rec., 1896, xlix, 463.*

Laryngismus Stridulus.—

℞ Potass. citrat., ʒ i
Syr. ipecac, fl ʒ ij
Tr. opii deod., gtt. xij
Syr. simp., fl. ʒ ij
Aquæ, fl. ℥ iss

M. Sig. Teaspoonful every two hours for a child of two years. —*Meigs and Pepper, Med. Rec., 1896, xlix, 422.*

Paralysis of Accommodation Treated with Behring's Antidiphtheritic Serum.—Schmidt-Rimpler (*Ctrlbl. f. prak. Aug., December, 1894*) has treated three cases of post-diphtheritic paralysis of accommodation by injections of the serum under the skin of the breast, and these were never followed by any general disturbance. He used an ordinary Pravaz syringe. The cases healed much more rapidly than usual, and the speech, which had been affected, was remarkably improved.—*Med. Journ., 1896, lxiii, 404.*

Constipation in the Young.—Marfan says that a nursling should have two to four stools a day during the first two months, and one to two after the first year. Whenever they are less frequent constipation is present. Transient or habitual constipation may be due to retained meconium, stricture of intestine, atresia ani; symptomatic constipation to febrile states, cerebral disorders ; alimentary constipation to simple or sterilized cow's milk, excess of casein or mineral waters, deficient sugar or fat ; congenital constipation to intestinal occlusion, excess of length or folds of the large bowel. Consequences—rectal prolapse, umbilical hernia, invagination of the bowel, convulsions, prurigo, urticaria, eczema, anal fissure, mucous, serous or ulcerative colitis. Treatment—alimentary of nurslings, a little sugar water (Jacobi), cow's milk 4 parts to 100 of sugar water ; rectal lavage by the urethral catheter, two tablespoonfuls of glycerine to one litre of water or two tablespoonfuls of oil with the yolk of an egg to 60 grms. of water ; massage, electricity ; suppositories for fissure ; no laxatives before three months, no purgatives during the first year.—*Practitioner, 1896, lvi, 333.*

Sea Air in Diseases of Children.—Leroux argues that sea air should not be indiscriminately advised for children. He considers that it is apt to have an injurious effect in cases of heart dis-

ease and hereditary syphilis. It is of use in anæmia, except in rheumatic or neurotic patients. As a rule, it is of advantage in lymphatic children, but not in those who are highly irritable or liable to inflammatory complications. Scrofulous children suffering from chronic inflammatory complications, chronic conjunctivitis or otorrhœa, hypertrophy of the tonsils, or chronic cutaneous affections should be sent to the seaside, unless it is known that they are liable to acute inflammatory exacerbations. On the other hand, weeping eczema, acute impetigo, pruriginous skin affections, and acute painful ear disease are contra-indications. Children suffering from chronic tuberculosis of bones or glands do well at the seaside, unless there is copious suppuration. Pulmonary tuberculosis is always a contra-indication, and the propriety of sending children with enlarged abdominal or thoracic glands is very open to question. As a rule, lupus does not do well. Rickets, if the children are sent at an early stage of the disease, is cured by continuous residence at the seaside for a year or more.—*Practitioner, 1896, lvi, 333.*

Boiled Milk.—Practical and every-day experience shows that when milk is boiled it is not only more easily digested, but that it has a nutritive value quite equal to the raw article. Experiments undertaken by Dr. C. Chamouin (*Canadian Lancet*), first with kittens and afterwards with infants, showed after exhaustive and repeated trials that the kittens fed on boiled milk were "twice again as fat" as those supplied with the raw milk, and that the boiling of milk is the means of preventing the loss of innumerable lives by gastro-intestinal disease. Not only so, but it is more easily digested, and agrees with a far greater percentage of cases than unboiled milk. There is ample authority for this view of the case, but certain points must be attended to, else the results will not be so favorable. First, all the vessels in which the milk is carried, boiled, and afterwards kept must be *scrupulously clean.* Nothing else but absolute freedom from dirt will suffice. Then it should never be boiled in an open vessel; this should have a close cover. Lastly, it need not be kept at 212° F. for more than twenty minutes. This is sufficient to sterilize and cook it, and no further boiling is necessary.—*Practitioner, 1896, lvi, 330.*

The Pharmacy of Phosphorus.—*Phosphorated Oil*—Of the liquid preparations, this, which is official—containing about 1 per cent. of phosphorus dissolved in prepared almond oil, and the dose of which is stated to be 5 to 10 minims (greatly too much)—is exceedingly nauseous, administer it as you will. Dr Redwood

suggested it being emulsified with yolk of egg, liquor potassæ, syrup of tolu and chloroform water (*Ph. J.* [3], *iv*, *991*), but it is never employed medicinally. It may be used as a toy, exhibiting its peculiar phosphorescence, or for producing evanescent "writing on the wall," but the medical profession and the public refuse it. It appears to be a nearly saturated solution at the ordinary temperature, although as much as 2 per cent. of phosphorus can be dissolved by the aid of heat and the exclusion of air, nearly one-half crystallizes out on cooling. It, however, may be conveniently administered in the form of perles or capsules, which are largely used, containing a dose equal to 1-100th, 1-65th or 1-32d grain of phosphorus respectively; but, unfortunately, they are irregular both in size and in the amount of contents; still they are well protected from the air.

Phosphorated Cod Liver Oil contains about 1-100th grain in a drachm. It may be made by adding one volume of the official phosphorated oil to fifty-nine volumes of cod liver oil. It is unpalatable and quickly oxidizes and coats the sides of the bottle. Still it may be kept reasonably stable in capsules, containing one drachm in each.

Compound Tincture of Phosphorus, B. P. C., is prepared by dissolving phosphorus, 1 part, in chloroform, 30 volumes, and adding it to absolute alcohol so as to contain 1 part of phosphorus in 600 volumes. Although it keeps without depositing, it becomes acid, and requires to be freshly prepared. When diluted with four volumes of glycerin, it forms the *Elixir of Phosphorus*, B. P. C., which contains 1-50th grain in a fluid drachm. If freshly prepared this is palatable and well borne by the stomach.—W. MARTINDALE, *Pharm. Journ.*, *1896*, *lv*, *201*.

Dispensing Alkaloids.—Bindloss pointed out the advisability of always attaching a "shake the bottle" label when dispensing an alkaloidal liquor in a mixture containing an alkali. This, he stated, was a safe rule, and one that should always be observed; at the same time it was well to remember that most alkaloids are slightly soluble in water, for instance, morphine, 1 in 1,000; strychnine, 1 in 7,000, which meant that six ounces of water are capable of dissolving all the strychnine contained in 40 minims of the official liquor, and all the morphine in 280 minims of any of the official morphine liquors, even supposing it were all deposited. Therefore, as far as actual necessity goes, liquor morphine seldom requires a "shake," and liquor strychnine only occasionally.—*Pharm. J.*, *1896*, *lv*, *235*.

Editorial.

ASAPROL; A SOLUBLE ANTISEPTIC.

IN these days of restless therapeutic energy no remedy proposed for adult medication is likely to escape the attention of those who confine their study and practice to the diseases of children. Thus it is that asaprol, whose value has been ascertained and its indications formulated by Stackler, Dujardin-Beaumetz, Bompart and Wilcox, was not destined to remain unknown to the pediatrist. The novelty of an antiseptic which has been demonstrated to possess valuable properties, and at the same time to be harmless to the individual, meeting in all respects the definition of Bouchard, and in addition, which is perfectly soluble, would suggest that, in the diseases of children, it would find a field of peculiar usefulness. So, when the masterly and exhaustive paper of Moncorvo appeared, the expectation was realized.

Asaprol (ἄ, privative, and σαπρός, putrid) was named by Dujardin-Beaumetz and first prepared by Bang. If sulphuric acid acts upon absolutely pure *B*-naphtol, two acid mono-sulphonates are formed, and the α-monosulphonate is soluble in cold water; of this asaprol is the calcium salt. It is a whitish, neutral powder, soluble in one and one-half parts of distilled water and in about three parts of alcohol. The first taste is bitterish, but this soon disappears, and the final taste is sweetish. It is incompatible with all salts which precipate lime and with potassium iodide. It is unirritating and is excreted by the urine without producing any untoward symptoms. Stackler, in his report from the bacteriological laboratory, finds that it is a reliable antiseptic. Clinically it has been found to be an antipyretic, possessing also analgesic properties. It has been employed for the reduction of temperature, and in the treatment of various infectious diseases, not omitting epidemic influenza and rheumatism of various kinds, and for fermentation in the gastro-intestinal tract.

Moncorvo finds that when given internally to a child in health it has no influence upon temperature or respiration, nor does it disturb the digestive apparatus. In acute infectious diseases it lowers the temperature and diminishes the frequency of the pulse. It may give rise to a partial or general cutaneous transpiration more or less abundant, and in the majority of cases at the same time it increases the quantity of urine. It has been given to children in age from ten days to twelve years, in daily doses of from five to forty-five grains, in solution, without giving rise to headaches, vertigo, tinnitus, nausea nor vomiting; it is easily borne by the little patients. Of the febrile diseases, malaria, acute tuberculosis and broncho-pneumonia have been treated. The temperature in malaria rapidly falls, the skin is covered with perspiration, the liver and spleen become smaller, the digestive disturbances improve and the patient becomes calm and sleeps better. Topical applications have been employed for cutaneous diseases, those of the ear, nasal fossæ and throat, for vulvo-vaginitis and to secure intestinal antisepsis. As a local application it can be employed as a one per cent aqueous solution, or with lanolin or vaselin. In whooping cough as a one per cent spray, repeated several times daily, to the periglottic region, the speedy disappearance of the disease has resulted. Not only are the results excellent in both malaria and whooping cough, but one patient who suffered from the former disease, and as well from chorea, was completely cured of both diseases, this being the only drug employed.

It is noteworthy that although the drug had been carefully tested in clinical work upon adults, it remained for Moncorvo to demonstrate that it was a hæmostatic. Now that the remedy in its later investigation has given confirmation of the earlier observations it is hoped that the results of the study of its action upon the diseases of children may give a fresh impetus to its use, so that this remedy, which occupies a unique field of usefulness, may be properly appreciated.

Reynold W. Wilcox, M. D., New York.

Society Reports.

THE LOUISVILLE CLINICAL SOCIETY.

Trismus Neonatorum.—J. M. Krim said : Twelve days ago I delivered a woman, aged thirty-six years, fourth confinement, of a healthy child, weighing 7¾ pounds. The child eight or nine hours after birth nursed in a perfectly natural way, and continued to do so for twenty-four hours. On the second day it refused to nurse. There was an excessive discharge from the bowels, but little attention was paid to this feature. On the third day I examined the child and found, instead of being the ordinary faecal matter of infants, there was a bloody discharge. The child had vomited once or twice, and the stools, I think, amounted to ten or twelve within a few hours. I gave some subnitrate of bismuth to prevent the excessive discharge, and saw the child again at four o'clock in the evening. I found there had been fifteen stools since eleven o'clock, consisting largely of blood. There had been some jaundice but no stiffness of the jaw ; the mouth could be opened, but the child still refused to nurse. Upon examination of the umbilical stump, I found a dark areola around it, and some discoloration about the nates. There was also a foul odor emanating from the umbilical stump. The following day the child was not able to open its mouth, and the child died from trismus on the seventh day after birth. I am unable to account for the dark gangrenous areola around the umbilicus, extending in every direction for a distance of two inches. There was no suppuration of the skin surrounding the umbilicus or separation from the umbilical stump.

DISCUSSION.

P. Guntermann : It is a plain case of trismus neonatorum, but it was very slow in its development. The discolored or gangrenous appearance about the umbilicus is rather strange, and no explanation is made of the similar condition which existed about the anus. I would like to know if there was any connection between these two conditions, i. e., the trismus and the gangrenous condition about the umbilical stump and the nates.

Carl Weidner : It would be interesting in a case of this kind to make an examination of the tissues microscopically and bacteriologically. I have never seen a case of this kind, but as it has

been described, it was evidently a typical case of trismus neonatorum, and the chances are that the specific poison entered through the tissues of the cord. In many cases of typical tetanus, I think trismus shows itself as a part of the disease. There is a difference of opinion on the subject, but some claim that trismus is due to the same poison that causes tetanus. I remember an experiment made by Kitasato in Ewald's clinic with tetanus serum in 1891. They used the serum in a case of trismus neonatorum, but the child died. I conclude from this experiment that Ewald and others look upon trismus neonatorum and tetanus as having some etiological connection.

J. M. KRIM: In reporting the case I mentioned a bloody discharge from the bowels, and am surprised that in the discussion no one has touched upon this point. Some have described a condition which they call melena, and claim that it occurs in cases where there is difficulty in completing the labor. In this case the labor was completed in six hours; there was no difficulty and no complication in labor, and no compression upon the child or upon the umbilical cord. This is the third case of the kind I have seen in an experience of twenty-six years, and in each case I have noticed there was a very large funis. I make it a rule in ligating the funis to use antiseptic silk thread, and after tying and severing the funis to cover the surface with carbolic acid.

I cannot account for the bloody discharge. Some claim it is an ulceration caused by compression of the abdominal walls during labor. As far as the dark areola around the umbilicus is concerned, I believe it was a gangrenous slough; and I further believe the same condition existed on the nates. The child had a temperature the third day after birth of 103° F. Jaundice did not develop until the fourth day. There was no stiffness of the jaws until the fifth day; until that time we could separate the jaws by moving them, but the child would not nurse.

HUNTERIAN SOCIETY OF LONDON.

The Nose and Micro-Organisms.—St. Clair Thomson and R. T. Hewlett, of London, have found that the mucus in the interior of the healthy nose is practically sterile, while the vestibule and its living vibrissæ are always teeming with micro-organisms. They have also found that inspired air after passing through the nose is practically sterile. These investigations are of importance in emphasizing the necessity of proper nasal respiration in reducing the

chances of infection to a minimum, a point insisted on by J. H. Sequeira in a paper read before the Hunterian Society of London, in which he refers especially to diphtheria, for he finds that 80 per cent. of diphtheria cases occur between the ages of two and fourteen years, a period during which enlarged tonsils and adenoids are most prevalent, while only three per cent. occur after the age of thirty.

The investigation of Thomson and Hewlett also appear to demonstrate that, in performing operations on the interior of the nose, the local application of antiseptics is unnecessary, as long as means are taken to prevent infection from the vestibule and from impure instruments or dressings.

Formic Aldehyde in the Preservation of Milk, and its Detection Therein.—Since a dilute solution of formic aldehyde (formalin) is being used as a milk preservative, R. T. Thomson has contributed to the *Chemical News* (*Vol. lxxi, 247*) a note on its preservative action and an analytical method for its detection. The author finds that a 40 per cent. solution of formalin is at least four times as effective as a mixture of boric acid and borax and equal to salicylic acid; he also notes that boric acid alone is much less effective than when used with borax. To detect the presence of formic aldehyde in milk, 100 c.c. are distilled until about a fifth comes over; this is transferred to a stoppered tube, and about 5 drops of ammonio-nitrate of silver solution added. This solution consists of 1 part of nitrate of silver in 30 parts of water, dilute ammonia being added until the precipitate at first formed is dissolved, care being taken to avoid an excess, then the whole is made up to 50 parts with water. The mixture of milk distillate and silver solution is then allowed to stand for from 12 to 18 hours in a dark place, when, if formic aldehyde is present, a strong black color or deposit will be produced. A light brown color must be disregarded, nothing short of a distinct black tint being sufficient to indicate the presence of formalin. When as little as 2 grains of formalin per gallon of milk has been used, a distinct reaction is obtained. The author finds that 4 or 5 drops of formalin added to 100 c.c. of milk will enable samples to be kept for six weeks, which have given the same results on analysis after that time as were obtained from the samples when fresh. Formalin should, therefore, prove useful in preserving samples of milk which may be required at a later period for analytical reference.—*Pharm. J., 1896, lv, 230.*

NOTES ON TREATMENT.

ERYSIPELAS.

Every case of erysipelas must be isolated. The diet and general treatment must be regulated on general principles.

In mild cases, the following powder for local treatment is good :

℞ Acidi salicyl., gr. viii ;
Zinci oxid., ℥ iss ;
Amyli, ℥ ss.

Mix. Sig. Dust the infected area and cover with soft cotton.—A. JACOBI.

℞ Lotio. plumbi et opii, ℥ viii.

Sig. Keep the affected skin wet with this wash.

℞ Resorcin, gr. i ;
Traumaticin, Oi.

Mix. Sig. External use.—FERREIRE.

℞ Resorcin, ʒ i.
Lard, ℥ i

Mix. Sig. External use.

℞ Acidi carbolici, ʒ i ;
Acidi oleic., ℥ i to ii.

Mix. Sig. Apply, not on, but around, the erysipelatous area at frequent intervals.—A. JACOBI.

In using carbolic acid in infants, always be on guard against poisoning. The first evidence of poisoning is shown by the urine, which leaves a pink stain on the napkins after being exposed to the air for half an hour.

An excellent application for erysipelas is ichthyol in collodion, or even better with glycerol.

℞ Ichthyol, ʒ i to ii ;
Glycerol, ℥ i.

Mix. Sig. External use.—J. ABBOTT CANTRELL.

The most brilliant results have been obtained by the surgical treatment of erysipelas, and this mode is of especial value in infan-

tile erysipelas, which is so often migrating, and is dangerous in proportion to the extent of fresh surface which becomes infected. The aim of this treatment is to hedge in the morbid process, which is accomplished in most cases with rapid and brilliant success. The patient must be anaesthetized, although local anaesthesia with cocaine or ethyl chloride will answer, but not nearly so well. Rail-fence-like scarifications, double and crossing each other several times, are made through the superficial portion of the skin, just outside the infected area, so that the erysipelas is inclosed. This is called the Kraske–Riedel fence, and into this wound is rubbed a 1 to 500 solution of bichloride of mercury, and it is kept wet by means of a compress, with a 1 to 1000 solution of the same antiseptic. Care must be taken that the fence be made as close to the margin of the erysipelas as possible, but still outside of it. The process rarely jumps this fence, and, in the rare cases in which it does get over, the disease becomes more benign, and a second fence always succeeds in keeping it in.

J. Lewis Smith advises for a child, from one to two years old, the internal use of four drops of the tincture of the chloride of iron every three hours; or either alone, or in addition to the iron, one of the preparations of cinchona. He obtains the best results by applying the following ointment over the inflamed surface every three or four hours:

℞ Ichthyol, ʒ i;
Ung. aquae rosae, ℥ i.
Mix. Sig. External use.

℞ Linseed oil,
White lead.

Mix enough oil with the lead to make a thin paste, which is painted freely over the erysipelatous skin.—Frere.

Many other local applications of more or less value have been recommended, viz.: rice flour, lycopodium, oxide of zinc, potters' clay, talcum, lard and chalk, glycerine, white of an egg, solution of iodoform in collodion, ethereal solution of camphor and tannin, cold water, sugar of lead, alum, sulphate of iron, nitrate of silver, tincture of iodine and turpentine.

℞ Benzoate of soda, ʒ ss;
Div. in chart. No. xii (12).

Sig. One every four hours for a child of a week old.—Lehnebach.

Jaborandi was first recommended by Da Costa, but its use in children requires great caution. The dose must be carefully graduated to the age of the child. The object is to make the initial dose sufficient to produce a pronounced sweat, and thereafter to give every four hours doses of the fluid extract of jaborandi sufficient to maintain a gentle diaphoresis.—PACKARD.

℞ Camphor ʒ i;
Tannin ʒ i;
Ether ℥ i.

Mix. Sig. Brush the infected surface every three hours.—TROUSSEAU.

Another excellent application is:

℞ Creolin, ʒ ss;
Iodoform, ʒ ii;
Lanolin, ʒ v.

Mix. Sig. External use.—KOCH.

High temperature should be reduced by the application of coid externally—sponging, the wet pack or the bath. Antipyretic drugs should be employed with great care, used only in minimum doses and always sheathed with a heart stimulant. The following is effectual and very safe:

℞ Phenocoll, gr. xv;
Camphor. monobromat., gr. ii;
Caffein citratis, gr. ii.

Mix. Divide into twelve powders.
Sig. Use one as needed for fever in a child four years old.

For the delirium, the best results are obtained by reducing the temperature, and if the delirium does not then abate, give bromide of potash, chloral and, as a last resort, opium.

However, the most promising results in the treatment of erysipelas are offered by the recent advances in serum therapy. Marmorek, of Vienna, and recently Gibier, of New York, have succeeded in producing a good streptococcus antitoxin, which certainly offers the most rational treatment of erysipelas so far brought forward. It is perfectly harmless, and, if efficient, the results ought to be very brilliant.

Ipecacuanha in Bee Stings.—A paste of pulverized ipecac is said to be a valuable local application in bee stings.—*Med. Rec, 1896, xlix, 459.*

Abstracts.

THE SURGICAL ASPECTS OF THE NEW PHOTOGRAPHY.

Albert Carless, after a careful review of all the reports on Röntgen's discovery, asks (*Practitioner, 1896, lvi, 235*) in conclusion: What value, from a surgical standpoint, are we to attach to it? We must remember that it is in its earliest infancy and that we can only speak of it in the most guarded fashion. If the intensity of the rays can be increased, or if means are found to effect their reflection or refraction, then possibly we may have to reconsider our verdict; but as things are at present there is but little doubt that the part played by it will not be one of great importance. Obscure injuries and conditions of the fingers and toes will lend themselves readily to its application; and it will, without any doubt, be a useful agent in solving certain questions of diagnosis in these regions, although even here the majority of such affections will be diagnosed just as easily by the educated touch of the skilled surgeon. Injuries or diseases of the wrist will probably be little helped by the process, except in young children, where the bones are still partly cartilaginous; whilst the majority of such conditions as could be portrayed in the upper and more bulky parts of the adult arm or leg can usually be readily diagnosed without any such help, even if it were forthcoming. There is some ground for hoping that assistance may be derived from the transparency of tubercular tissue in the diagnosis and localization of isolated foci in the bones of children. Cancers and other tumors are all equally transparent to the X rays, unless bony tissue is present, and possibly the diagnosis of a malignant tumor of bone might receive confirmatory evidence by this means. The transparency of cartilage also leads us to hope and expect that assistance will be obtained in the diagnosis of separated epiphyses and fractures implicating joints in children. As to conditions within the abdomen and chest, the thickness of the parts involved absolutely precludes the hope of any satisfactory results being at present obtained.

Our attitude, then, towards this new discovery must be one of expectant interest and, where possible, of active scrutiny. That it can be of real value in a certain limited number of cases there can

be no doubt ; but unless very considerable improvements are made in the technique it will be but little resorted to in practical work.

INFANTILE SCURVY.

C. S. Merriman (*Kansas City M. Index, 1896, xvii, 104*) says that infantile scurvy is a constitutional disease caused by faulty nutrition resulting in deficient alkalinity of the blood. The disease is caused by the infant being deprived of fresh milk, by being fed on stale food, such as condensed milk or some of the various preparations on the market, or as the child grows older is deprived not only of fresh milk but of fresh meat, fruits and vegetables. There is something in fresh milk, fruits and vegetables that in the absence of a better name has been called an anti-scorbutic element. Children deprived of this element are liable to develop scurvy as well as other diseases. The symptoms of this disease are anemia, sallow complexion, pain on being moved, tendency to keep the limbs rigid, swollen, red or leaden color of the gums, which bleed easily ; epistaxis, ecchymoses on various parts of the body, hemorrhage under the periosteum of the long bones, occurring most frequently in the femur ; the limbs are swollen, skin tense, but not hot, indicating the absence of inflammation. These regions are very sensitive. The child will scream if he thinks you are intending to touch the parts, cannot bear to have the limbs moved although there is perfect freedom of the body where this swelling does not exist. The treatment of this disease is entirely dietetic. Fresh milk, fresh meat juice or meat, fresh fruit and vegetables. Reports two cases that occurred in his practice that will fairly represent this disease.

Case 1.—A little Italian babe, 7 months old, was brought to the clinic with both thighs badly swollen, very sensitive, would cry every time he was moved, slight fever, no teeth, but gums slightly swollen. Was fed exclusively on condensed milk. The first time it was seen it looked like a case of double hip joint disease. He prescribed paregoric to relieve pain, added cream to each feeding of milk, ordered a little meat juice once a day and orange juice once a day. Within four weeks it was entirely well.

Case 2.—A little girl, aged 2 years, with painful swollen thighs, three large spots of ecchymosis, one on each hip and one on the back, gums red and congested, no fever, appetite good. The child was comfortable when absolutely quiet. He learned that the child seldom drank milk or ate fresh meat. Her diet for some time had been bread and butter, sweet potatoes and bananas. He diagnosed

scorbutus, corrected the diet, gave no medicine and in about five weeks she was well.

PERFORATION OF THE AORTA BY A BONY OUTGROWTH FROM THE SIXTH RIB.

A remarkable and uncommon cause of death was disclosed at a post-mortem examination recently made by Dr. E. A. Lightburne, of London (*Lancet,—Univer. M. J., 1896, x, 85*), on the body of a boy, aged 12 years, who had died very suddenly without any previous illness. All the organs were perfectly healthy with the exception of a small portion of the left lung lying over the neck of the sixth rib on the left side. Further examination showed that a bony outgrowth from two to three inches in length sprang from the anterior surface of the sixth rib, at a point between the neck and the tuberosity. This spicule had penetrated the lung and the thoracic aorta, causing almost instant death by hemorrhage into the left pleura. The outgrowth was very firmly attached to the rib and had the appearance of having been there since birth. At the spot where the lung had been pierced there was hardening of the tissue, but no sign of abscess.

A CASE OF GONORRHOEAL ARTHRITIS IN A NEW BORN INFANT.

Esther M. Tyrrell (*Med. News, 1896, lxviii, 271*) reports a case in a well-developed female colored child.

Four days after birth a slight puffiness of one lid, with a scarcely perceptible redness, was noticed, and by evening, though the treatment had been quickened to hourly applications, the eyes were both in an alarming condition. The consulting ophthalmologist was called, and a most vigorous battle for the eyes begun. The lids were enormously swollen, and the slightest pressure would cause the pus to spurt several inches from them.

Four days after the appearance of the ophthalmia the wrists and dorsum of both hands were slightly swollen, the left being worse. They were bathed in a hot saline solution, but it was ineffectual, the swelling continuing until it reached from the finger tips to the elbows. The skin of the wrists and forearms was shining and edematous. The child appeared to be uncomfortable, without indication of severe pain, except for a few minutes at a time.

Applications of a 10-per cent. preparation of ichthyol with belladonna ointment were made and the hands and arms bandaged, the bowels thoroughly opened with calomel (gr. 3-10, in three

doses), followed by sweet oil. Five days later the swelling had disappeared ; the eyes in the mean time had yielded to treatment. At the end of three weeks the patient was discharged in good condition, though the ophthalmologist continued treatment daily at the patient's home.

RESECTION OF THE HIP IN COXALGIA

A. Lambotte, of Antwerp (*Universal M. J., 1896, x, 65*), in a comprehensive monograph, presented 12 personal cases of resection, 11 successful, and gave a full history of tuberculous disease of the hip-joint and the measures employed for its cure (*Annales, tome iv, fasc. 3*). He stated that even the partisans of conservative measures agree that their results are far from brilliant. Among them, Bruns, of Tubingen, from an experience of 600 cases, recognizes that the method has serious inconveniences. The mortality, according to him, is 40 per cent.; the length of time required for treatment averages four years, the orthopædic results are sometimes very bad, and the restoration of function is never perfect. A similar confession from surgeons whose experience and dexterity cannot be questioned proves that resection of the hip gives even worse results. Yet resection has proved wonderfully efficacious in other joints, as the elbow, shoulder, and even the knee. What is the cause of the inferior results in hip-joint disease? Does the tuberculosis act differently from the tuberculosis of other articulations? Such a supposition is contrary to all pathological and clinical knowledge of the disease. Practice has sufficiently demonstrated that a solid and almost perfect articulation as regards function may be reproduced after operation. On the other hand, the objection to resection of the hip cannot be explained by the seriousness of the operation, for it is seldom followed by death when practiced according to the rules of modern surgery. Of 48 resections of the hip, Volkmann had only 4 deaths; Grosch, from a study of 166 cases, finds that resection practiced at the beginning of the suppuration is attended by no mortality. Dr. Lambotte expressed the opinion that the operation can therefore only have been abandoned on account of the persistence of suppuration, fistulæ, and the mediocre orthopædic results obtained. He formulated the following conclusions: 1. Conservative measures should be reserved for the first stage of coxalgia. 2. Surgical intervention is indicated as soon as pus forms in the articulation. 3. In non-suppurating coxalgia intervention is indicated if the pain and deformity prove rebellious to treatment by continuous extension. 4. A bloody operation is never contra-indi-

cated by the extent of the local lesions. 5. Disarticulation of the hip should never be practiced at the outset. 6. The best method for total resection is the longitudinal external incision. 7. Vertical division of the trochanter is very useful as the first stage of the resection. 8. In the child the cartilaginous trochanter should always be preserved intact. 9. The danger of resection, when practiced at the beginning of suppuration, is almost *nil*. 10. Resection is the less serious as it is the more radical. 11. In order to insure complete and definite cicatrization all the tuberculous tissue must be extirpated. 12. In suppurating coxalgia resection gives better functional results than the conservative method. 13. Mobile nearthrosis after resection is better than ankylosis. 14. Extensive resections of the acetabulum have no value from an orthopædic point of view. 15. In the child subtrochanteric resection with preservation of the trochanteric cartilage gives orthopædic results identical to those of simple cervical section.

HEMORRHAGIC DIATHESIS IN THE NEWBORN.

Finkelstein (*Berliner klin. Wochenschrift,—Am. J. Med. Sc., 1896, cxi, 391*) reports the case of a newborn infant dying of the hemorrhagic diathesis. In the organs a specific bacillus was found, cultures of which caused a typical hemorrhagic diathesis when injected into rabbits. The organism resembled the one found by Kolb in three cases of purpura hemorrhagica, and called by the latter b. hemorrhagicus. In Finkelstein's case the mother was syphilitic, but the author looks on the specific disease not as the direct cause of the hemorrhagic diathesis, but only predisposing to the latter process, in which pyæmic or septic infections bring about the characteristic changes.

THE OVERDUE REPORT ON ANTITOXIN.

In an editorial (*in the Practitioner, 1896, lvi, 229*), the following appears :

The delay in the issue of the report on the antitoxin treatment of diphtheria in the hospitals of the Metropolitan Asylums Board may be unavoidable, but it is none the less unfortunate. Is it surprising that the apparent coyness of the Board about publishing their figures should be taken to mean that the results are the reverse of brilliant? The profound secrecy in which it has been sought to shroud the whole business is, I am convinced, a mistake from every point of view. It looks as though there were something to conceal, and thus gives the enemy occasion to blaspheme ; it makes people

chary of submitting their children or themselves to the treatment, and it makes practitioners timid in using it, with the possible result that lives are lost which might otherwise have been saved. The large majority of medical men keep perfectly open minds on the subject, and only want to get at the truth. Both the profession and the public have reason to complain of the tardiness of the Board in issuing its report.

In the absence of official information the public takes what it can get from such sources as Mr. Demetrius C. Boulger's article in the *Contemporary Review*. This sapient individual is certain that he was inoculated with serum from a glandered horse, and he positively affirms that "the authorities, after ridiculing the notion, had been constrained to admit that serum had been used from horses suffering from that disease." It would be interesting to learn where and when they made this admission. Mr. Boulger states that he has reason to think that when the special report of the Metropolitan Asylums Board is issued it will show a higher rate of mortality for the "antitoxined" patients than for those not so treated. Mr. Boulger seems to suffer from a constitutional incapacity to distinguish between assertion and proof; but his article here and there shows distinct traces of medical inspiration, though of a questionable character, and that such a statement should be made in a high-class magazine without, so far as I know, eliciting any contradiction is likely to be disquieting to the public opinion. Like Ajax, we pray for light, and the Metropolitan Asylums Board cannot send an answer to the prayer too quickly.

SERO-THERAPY PER RECTUM.

Chantemesse (*Universal M. J.*, *1896*, *x*, *68*), called attention to the fact that in the early days of sero-therapy the method was only utilized in the treatment of diseases (diphtheria and tetanus) where the specific germ does not exist, or exists only exceptionally, in the blood of the patient. The only inconvenience of the subcutaneous injection was a slight pain, some erythema, or urticaria. Of late the method has become generalized, and is employed more and more to combat diseases characterized by the presence in the blood of the specific micro-organisms. In these cases the serum injected is, as a rule, unirritating. In certain rare instances, however, the part chosen for the injection becomes the seat of intolerable pain, much swelling, and even abscess. M. Chantemesse has satisfied himself that these complications are not due to the impurity of the serum, but to an afflux to the part of a crowd of leucocytes filled

with germs. The resulting abscess is endogenous in origin. He has seen such abscesses develop after the injection of antistreptococcous serum. In order to obviate these inconveniences M. Chantemesse has in twenty cases injected the serum into the bowel. He states that absorption is thus easy, and exempt from the inconveniences above mentioned. The bowel is first washed out with an ordinary water enema, and the serum is then introduced through a gum-elastic catheter, twenty centimetres long, attached to a syringe. It is claimed for the rectal method that it is as efficacious as the ordinary or subcutaneous, the same feeling of *bien-etre*, the same fall of temperature, etc., occurring in one as in the other. Is the protective power of a dose of serum absorbed by the intestinal mucous membrane equal to that of the same dose introduced into the areolar tissue? M. Chantemesse is inclined to answer in the affirmative, but he suggests the advisability of further researches on this head. In cases of serious erysipelas he has, without any inconvenience whatever to the sufferer, injected into the bowel in a few days as much as 200 or 300 cubic centimeters (6½ to 9½ ounces) of serum. A local application of great value in erysipelas is serum mixed with five times its weight of lanolin. The pain, redness, and swelling are quickly reduced by this ointment. Roux's serum employed as an enema in three cases determined results as satisfactory as when administered in the ordinary way.

A CASE OF BRONCHO-PNEUMONIA WITH SECONDARY ACUTE MENINGITIS DEVELOPING ON THE THIRD DAY IN AN INFANT TWO MONTHS OLD—RECOVERY.

Conrad P. Kornreich reports (*Med. Rec., 1896, xlix, 459*) this case: D. M——, male, aged two months, family history good; came under my care January 9, 1896. On examination there were areas of dullness all over the right lung, a short, hacking cough, rapid and shallow breathing, rapid and feeble pulse, some cyanosis, and a temperature of 103½° F. The usual treatment was prescribed, with persistent counter-irritation over the chest in the form of mustard plasters. Stimulants in the form of strychnine and cognac were persistently administered. The child apparently responded to this form of treatment until the evening of the third day, when I was hurriedly summoned and informed by the mother that the child had just had a severe convulsion and vomited severely.

On inspecting the little one the pupils were seen to be considerably dilated; there was tenderness along the back of the neck;

there was constant twitching of the muscles of the back of the head and neck, of the face, and of the arms. That night the child was very restless and apparently seemed to be in pain, for it tossed its little head about and constantly moaned, keeping this up for fully forty-eight hours.

The following morning photophobia and painful hearing had developed. I ordered ice-bags to be continuously applied to the head, applied two leeches, one to each temple, and administered internally twentieth-grain calomel tablets every half hour, bromides and chloral for the relief of the pain and restlessness. This treatment was adhered to for five days, after which the acute symptoms gradually subsided, with rapid and complete recovery resulting. This case is reported because of recovery following its occurrence in so young an infant.

ABDOMINAL SECTION PERFORMED SUCCESSFULLY ON AN INFANT.

Charles B. Kelsey, in a letter to the *N. Y. Med. Journ., 1896, lxiii, 387*, says: "Quite recently, at the Post-Graduate Hospital, I operated in a case of acute intussusception in a child aged *three months*. The caput coli was presenting at the anus, and the symptoms had existed only twenty-four hours. A laparotomy was done, the tumor was reduced, and an uninterrupted recovery followed. The case is only remarkable from the fact of recovery from such an operation in so young a child.

"I have corresponded with Mr. Frederick Treves, of London, on the subject, and he writes me as follows:

"'The statistics in my book, to which you are good enough to allude, are very much out of date now. More recent figures give thirty-four cases, bowel reduced, twelve recoveries; thirty-nine cases, bowel not reducible, one recovery; total, seventy-three cases, thirteen recoveries.

"'I cannot at this moment recall a case of successful operation in a child of three months or under. The mortality must be exceedingly high, and I think it very probable that your case may stand alone.'

"If any of your readers know of any similar result in a child of such age I am sure it would be of interest to the surgical world to have a record of it, and it is in the hope of calling out any such result of operation that I venture to address the *Journal*."

A SUCCESSFUL OPERATION FOR HERNIA ON AN INFANT.

F. W. Ferguson (*Med. Journ., 1896, xliii, 422*), reports this case: On the 30th day of May, 1892, at 2 a. m., without assistance, except from the father of the child, I operated in a case of strangulated oblique inguinal hernia. The truss that I had fitted the child with previously had been left off the day before, and about 9 p. m. on the 29th vomiting began and continued until the hernia was reduced.

Under chloroform anæsthesia I could not reduce it as I had done a month before, and after short preparations I cut down, opened the sac, and replaced the cæcum and appendix in the abdominal cavity. This child, a boy, was born on the 21st day of the previous January, and was 129 days old.

The recovery was not eventful; it was complete in a week.

PSEUDO-BULBAR PARALYSIS IN INFANCY.

Kyssele (*Universal M. J., 1896, x, 70*) reported a case of pseudo-bulbar paralysis in a female child, 3 years of age, born healthy, the only anomaly being pronounced flexion of the fingers and toes. Very soon after birth the parents noticed that the child nursed imperfectly and that the tongue was never protruded. With this exception she developed normally. When about twelve months old she had an acute disease, lasting about three months and diagnosed as typhus. This illness was followed by great weakness and the difficulty of deglutition became more pronounced. The child has never spoken.

On examination it was seen that the tongue could be moved only with great difficulty; there were copious salivation and an unpleasant odor from the mouth. The bones and muscles were well developed; there were no traces of rachitis; nutrition was poor; the mucous membranes normal in color; the gums were swollen, hyperæmic and bled easily. The internal organs were healthy, hearing and sight normal. A non-atrophic simple paresis of the two lower branches of the facial nerve also existed, especially pronounced in the orbicularis muscle of the mouth. The child could not retain food or make a blowing movement.

The upper branches of the facial nerve were normal, but the hypoglossal nerve was paralyzed on both sides. The muscular contraction of the facial nerve was quite normal, respiration free, but phonation was disturbed. The extremities were very rigid, but the electrical reaction was preserved. Cutaneous and tendon

reflexes were exaggerated, especially in the lower extremities. The feet were in a position of equino-varus. The child could stand upright if supported, but was absolutely unable to walk. She suffered from occasional incontinence of the urine. Appetite was good. These symptoms, according to the author, indicate bulbar disturbance, with diplegia of the extremities, but without atrophy or change in muscular contractibility. It was thus not a case of true bulbar paralysis, but a pseudo-paralysis resembling Berger's congenital paralysis.

Mouratoff confirmed Kyssele's diagnosis and thought that the pseudo-paralysis had some connection with the acute disease from which the child suffered when a year old. Though the condition was incurable he advised section of the tendo Achillis to allow the child to walk.

THE VALUE OF CREDE'S METHOD IN THE PREVENTION OF OPHTHALMIA NEONATORUM.

R. Kostlin (*Arch. f. Gynaekol., Am. M.-S. Bull., 1896, ix, 432*) has collected elaborate statistics from the large clinics of Europe and America showing the prevalence of ophthalmorrhea neonatorum before and after the use of Credé's method of dropping 2 per cent. solution of nitrate of silver into the conjunctival sac of new-born babies.

Without prophylactic treatment ophthalmorrhea was present in from 3 to 50 per cent. of the cases confined in the various clinics, the average being about 10 per cent. Since the introduction of Credé's method, 24,724 cases show that the percentage has fallen to 0.655.

Various attempts have been made to find something to supplant nitrate of silver. Carbolic, which was first used, was discarded on account of bad results.

Bichloride of mercury has been used in something over 2,000 cases, and gives results as good or better than Credé's method, but has the disadvantage of causing considerable irritation. Stratz reports 0.43 per cent of ophthalmorrhea among 460 cases, while catarrh was present in 1.8 per cent., and irritation in 18.3 per cent.

Irrigation with sterilized water gives results less satisfactory than either nitrate of silver or bichloride of mercury, and the danger of injuring the eye is quite as great as in either of the other methods. Hoffmeyer reports one case of severe corneal ulcer from washing the eye with water.

Trichloride of iodine has been tried in several hundred cases,

but gives results even less satisfactory than any of the above methods.

The author thinks that silver nitrate gives the best results of all the methods yet tried, and that it has been used in cases enough to establish its value beyond a doubt. It is so easy of application and harmless in its action that it may be used as a routine by midwives.

Regarding the time of infection, he thinks it takes place during the passage of the head through the parturient canal, and not from material adhering to the eyelids or introduced into the eyes by water during the first bath, and supports his opinion by reporting several cases of prolonged labor in which children were born with well-established ophthalmorrhea. Any method which simply cleans or disinfects the eyelids at the time of birth is not scientific, and is bound to give poor results.

The disadvantages of Credé's method are very unimportant. Corneal affections are not observed, and irritation is seen less often than with other methods. The eyes are not rendered especially liable to a late infection, and, when a late infection does occur, it usually means that the infection was already present in the eyes, but development of the germs was retarded by the silver nitrate.

CHRONIC MIDDLE-EAR SUPPURATION WITH HAEMORRHAGE FROM THE INTERNAL CAROTID, ARTERIAL THROMBOSIS AND CEREBRAL ABSCESS.

At the New York Surgical Society, R. Abbe related the case of a child, aged 2½ years, who had suffered with otorrhœa for about a year, when sudden profuse hæmorrhage occurred; trephining was performed and nothing discovered, but blood welled up on introducing a probe down the meatus; as the haemorrhage continued the jugular vein was ligatured and the lateral sinus opened and plugged. At the post-mortem a small loose sequestrum was found in the inner plate of the tympanic cavity, adjacent to the carotid artery, which was found eroded and blocked by thrombus, as the result of which a large abscess had formed in the occipito sphenoidal lobe containing two ounces of pus.

Correspondence.

PARIS LETTER.

An Improved System of Incubators.—The latest attraction of the Paris boulevards is an exhibition of an improved system of incubators which have recently been introduced to the capital, after a trial of several years by a philanthropic society of Nice. The premises occupied by this new hospital for premature infants consist of a shop on the ground floor, and its dependencies and the public are admitted on the payment of a small fee, which goes towards paying the general expenses. The inventor of *The Couveuses* in question, Mons. Lion, states that 130,000 of the children born annually in France die within the first few days because they are premature, and he claims that three-fourths of the number, at least 100,000, might be saved by proper management. There are ten incubators at the Boulevard Poissoniere, and since the place has been open five or six weeks ago no deaths have taken place, although they have been occupied by infants in all periods of premature viability. The Couveuse consists of a cage of glass and metal with sides half a yard in width and three-quarters of a yard high. The chief point of interest consists of an automatic heating apparatus, which by means of a metallic thermometer and arrangements of levers cuts off partially the supply of warm air when the temperature exceeds a fixed degree and allows a free entrance when the normal has been restored. The same metallic displacements can be made to ring an electric bell to call the attention of the attendants, but the automatic regulation of the temperature has been found so perfectly reliable that the complementary precaution has been found practically unnecessary. The greatest care is paid to antisepsis, the air being brought from the outside of the building by a pipe and filtered through cotton wool. When the children are fed they are taken into the back room which is separated by a glass partition from the main *Salle* and maintained at the higher temperature. There are three wet-nurses (for eight infants), and the breast is supplemented by the bottle and by nasal alimentation.

A very common fact is noticeable in the statistical report published concerning the operation of this incubator at Nice, showing what a great difference a few ounces of extra weight make in the

chances of life. Of the 185 cases treated, with 137 successful results, the weight in entrance varying from 800 grammes to 2 kilogrammes, 900 grammes, no child survived who weighed less than a kilogramme. There were three between 800 and 900 grammes, five between 900 and 1,000 (a kilogramme); all of these died. But of the four that weighed between 1,000 and 1,100, only one died. This was, however, a lucky series, for the next two classes, 1,100, 1,200, and 1,200, 1,300 show more deaths than recoveries, 2-4 and 4-5, respectively. From 1,300 upwards the successes constantly exceed the failures, and from 1,900 grammes until the end of the classification at 2,900 there are only 4 deaths in 80.

"Methode des Congeneres" in the Treatment of Tuberculosis in Children.—Dr. Maurice Block is contributing a series of papers to the *Revue Medicale* on the Treatment of Acquired Tuberculosis in Children, by the injection of blood from a healthy brother or sister of the patient. The method is termed the *Methode des Congénères*, and is based on the possibility of communicating a presumed immunity from the one to the other. Whatever may be the rationale of the treatment, the cases are interesting. In the last issue there are notes of three :

(1) A child ten years old, no phthisis in the family except maternal grandmother ; two of the other children have died of tuberculosis. The diagnosis confirmed by Mons. Quenu was attenuated fungous arthritis. The arm was fixed at a right angle, and there was periarticular fluctuation and *empalement.* A cubic centimetre of blood, taken from a sister thirteen years of age, was injected. Three weeks later the arm had recovered an almost normal direction, the articular disorders, after some oscillations had disappeared, and the child had increased in weight and strength.

(2) The brother of the preceding now 16 months old; diagnosis of pulmonary tuberculosis after broncho-pneumonia confirmed by Dr. Jules Simon ; loss of flesh, poly-microadenie, persistent cough, diffuse bronchitis, weight 7 kilos 110 grammes at the age of six months.

On the 2nd of April half a centimetre of blood was injected, on the 9th the weight was 7,300, on the 11th 7,500, the 23d 7,700. At the present time he is perfectly well, some relapses of bronchitis during teething having yielded to ordinary treatment. There has been no cough for four months (a second injection was made of 1 centimetre on the 16th May).

(3) A child of six months, in which the diagnosis of tubercular

tracheo-bronchial adenopathy was made. There was dyspnoea, slight interscapular dullness and bronchial souffle.

On the 27th September half a centimetre of blood was given. The cough had disappeared by the 15th of October, and the child has since gained flesh. The details of this last case are too meagre to have much weight, but the first two, the diagnosis confirmed by an eminent hospital surgeon and physician respectively, are more encouraging. The injection is made with blood from the capillary circulation, and is injected as it is, not as it has been erroneously reported, minus the globules.

Serotherapeutics of Smallpox.—The latest application of serotherapeutics is that of the injection of the serum from a vaccinated heifer against smallpox. Mons. Bectere has found that it requires the introduction of a quantity equal to the hundredth part of the weight of the heifer to confer temporary immunity, or one-fiftieth to secure complete protection from subsequent inoculation of variolous virus. In man it is difficult to inject more than a fiftieth part of the weight, which would be about one and a half kilo grammes. The difference between the action of the serum and ordinary vaccine is that whilst the latter requires a period of incubation before the immunity which is permanent is established, with the serum the immunity is immediate, but depends for its completeness on the quantity injected. It has, moreover, the property common to these serums of rendering the organism rapidly unfit for the propagation of the virus, and so is indicated when the smallpox is already established. A number of adults have already been treated successfully, but it seems especially indicated in young children, in whom the disease is so much more fatal.

In a child twenty-one days old where the symptoms that had already developed led to an unfavorable prognosis, the serum was injected on the second day in the subcutaneous cellular tissue of the thighs and abdomen to the amount of one-twentieth of the weight. No general or local disturbance followed, and recovery ensued. A brother of this child, three years of age, treated in the ordinary way without injection of serum, succumbed.

Oscar Jennings, M. D. (Paris).

Announcement.

BRITISH MEDICAL ASSOCIATION.

SIXTY-FOURTH ANNUAL MEETING, CARLISLE,
July 28th, 29th, 30th and 31st, 1896.

Section H.—DISEASES OF CHILDREN.

President, - - JAS. FINLAYSON, M. D., F. F. P. S., Glasg.

Vice-Presidents, - - - { ROBERT SOMERVILLE, M. D., F. R. C. S. E.
{ W. E. ASHLEY CUMMINS, M. D.

The following subjects for discussion have been decided on, and several well-known men have already promised to take part in the discussion of the first two. With regard to the other two subjects, there has been more difficulty in finding out those who are working at them, so that the secretaries will be glad of information on this point.

I.—What are the Elements of success and failure in Tracheotomy in Children?

II.—Sporadic Cretinism in this Country and its Treatment. (A Lantern Exhibition of cases, before and after treatment, has been promised by Dr. Rushton Parker, Kendal).

III.—Bacteriology of Infantile Diarrhœa.

IV.—Advantages and Disadvantages attending the use of Sterilized Milk.

All communications on the business of the section may be addressed to the secretaries. Photographs or, preferably, negatives, illustrating the treatment of Cretinism may be sent direct to Dr. Rushton Parker, Kendal, who will return them after procuring copies.

We are, dear sir,

Your obedient servants,

W. D'OYLY GRANGE, M. D.,
Moffat House, Clarence Drive, Harrogate.
CHAS. WM. GRAHAM, L. R. C. P.,
19, Portland Square, Carlisle.
} *Hon. Secs.*

COLLECTIVE INVESTIGATION OF THE ANTITOXIN TREATMENT OF DIPHTHERIA IN PRIVATE PRACTICE BY THE AMERICAN PEDIATRIC SOCIETY.

The committee of this society to which this matter has been referred desires to place before the profession, for collective investi-

gation, the subject of Antitoxin Treatment of Diphtheria, the cases for the investigation to be collected entirely outside of hospital practice and published as the report of the society.

Two points are to be made prominent: First, the length of time elapsing between the first appearance of the disease and the administration of the serum antitoxin. This is to be stated as accurately as possible, even to fractions of a day. Second, the severity of the disease as shown by (*a*) extent of membrane; (*b*) general prostration; (*c*) involvement of the larynx.

As every one knows bare figures may in no way adequately express the full facts; remarks are, therefore, called for, and it is hoped the contributors will give fully their impressions. A diphtheria case under antitoxin may do very well and yet the physician reflect at the end that it was one which might be expected to recover under any form of treatment. On the other hand, one requiring intubation may recover promptly and without even becoming much prostrated.

The laboratory investigators distinctly state that antitoxin acts in some way to prevent the damage to cells by the toxin of the bacillus diphtheriæ. After the toxin has fatally injured the cells—a period approximately set down for guinea pigs as three days—the antitoxin is not found efficacious to save the life of the animal. Furthermore, bacteriologists do not select decrepit guinea pigs or those enfeebled by disease, but healthly, half-grown pigs of a general average body weight. Hence, it is desirable that the constitutional condition of the patient shall be noted in every instance.

It is thought that family practice offers the only fair test of the efficacy of serum antitoxin treatment, and the most trustworthy statistics must be gathered from that source.

In these investigations we wish to bring together facts and opinions from cases which have what may be called a fair chance of demonstrating whether antitoxin accomplishes in the human body what experimentally it has been found to do with uniformity in animals.

We cordially invite the co-operation of members of the profession in this investigation, in return for which the society will mail to each contributor the full report when it is published. An abstract giving the main facts will, however, appear in the leading medical journals immediately after the meeting of the society in May.

Please fill out the accompanying blank and return it *at your earliest convenience* either to the president or the secretary of the

society. Cases received after May 1st cannot be included in the society's report.

Please reply to the following inquiries; if it is not possible to answer all of them, answer such as are positively known, even if but two or three:

1. *Age?* *Sex?*
2. *Condition—Good? Fair? Bad?*
3. *Time in fractions of a day, if known, from first appearance of the disease to first injection?*
4. *Was diagnosis confirmed by culture?*
5. *Number of injections made?*
6. *Extent of membrane—Tonsils?*
   Nose?
   Pharynx?
   Larynx?
7. *Operation—Intubation?*
   Tracheotomy?
8. *Complications or Sequelæ—Broncho-pneumonia?*
   Nephritis?
   Sepsis?
   Paralysis?
9. *Result?*
10. *Remarks; including other treatment, kind of antitoxin used, general impressions regarding the case, etc.*
11. *Name of reporter* _____ *M. D.*

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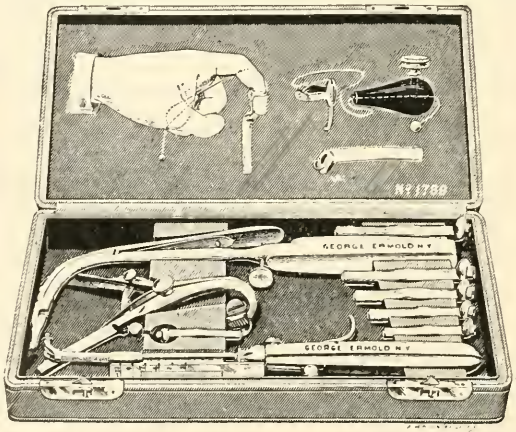

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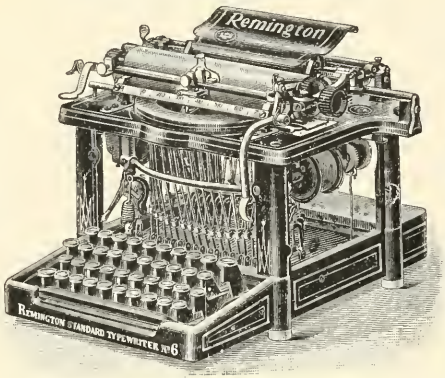

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